

**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
GRADUATE SCHOOL OF NURSING**

4301 Jones Bridge Road
Bethesda, MD 20814-4799

**APPLICATION FOR ADMISSION TO A MASTER OF SCIENCE IN NURSING
PROGRAM**

Internet Address: <http://cim.usuhs.mil/gsn/>

(Type in all information)

Date of Application	Desired Date of Entry	Rank or GS Level	Program Applying For: RNA (MSN) _____ FNP (MSN) _____ CNS (MSN) _____ Post Masters Completion _____
Last Name	First	Middle	
Mailing Address		City	State Zip Code
Home Phone ()	Home Email Address		Gender Male _____ Female _____
Work Phone ()	Work Email Address		
Branch of Service Army _____ Air Force _____ Navy _____ USPHS _____ Other Federal Agency (List) _____	U. S. Citizen Yes _____ No _____		State of Legal Residence
	SSN (See Privacy Act Statement)		Date of Birth
	Nursing License State: _____ Number: _____		
Indicate Racial/Ethnic Background (For Profile Purposes Only – Response Optional)			
Asian/Pacific Islander _____	Caucasian _____	Puerto Rican _____	
American Indian _____	Hispanic _____	(Commonwealth) _____	
Alaskan Native _____	Mexican American/Chicano _____	Other _____	
African American/Black _____	Puerto Rican (Mainland) _____	Prefer Not to Respond _____	
Have you taken the Graduate Record Examination (GRE) Yes _____ No _____			
Date GRE Taken (mm/yy)	Note: The GRE is usually taken within 5-7 years of application. Information on the GRE may be found at www.gre.org/splash.html		
Please have your GRE scores sent to: Dean, Graduate School of Nursing Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, Maryland 20814-4799			

Check the Appropriate Box	Yes	No	If Yes, please specify. Use an additional sheet if necessary.
Have you previously applied for admission to graduate study at USUHS? What academic year? What was the result?			
Have you previously applied for admission to another graduate nursing school? What academic year? What was the result?			
Have you ever been dismissed from/denied readmission to any college or university?			
Do you consider anything about your academic record or career pattern to be unusual?			
Do you have any teaching experience?			
Have you ever withdrawn or repeated a term in any college or university?			
Number of Continuing Education Units received over the past 2 years			

Post Secondary Education: Please list all institutions attended after high school. Use an additional sheet if necessary.					
Institution	Dates of Attendance		Major	Degree Earned or # Credits Earned	Date
	From:	To:			
Please have your original transcripts sent to: Dean, Graduate School of Nursing Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, Maryland 20814-4999					

Professional Experience: In chronological order, list employment since completing nursing school, including part-time. Describe any periods of time since nursing school, three months or longer in duration, that are not accounted for. Use an additional sheet, if necessary. Attach CV at end of application.

Employer	Position	Dates: From To

Professional Certifications

	Provider	Instructor	Expiration Date
BCLS			
ACLS			
PALS			
NRP			

Other Professional Certifications or Additional States of Licensure

Type of Certification	Certifying Organization	Expiration Date	State	Number/Expiration Date

List memberships and/or offices held in Honor Societies and Professional/Civic organizations. List any honors received.

Research & Publications		
Title of Research/Publication	Date Conducted or Published	Role in the Project/Publication

REFERENCES. Three letters of reference are required. The letters may be copies of those that have been submitted to the service-specific selection boards. Refer to the GSN website for specific program requirements on types of references required. <http://cim.usuhs.mil/gsn/>

Please provide the following information concerning your references			
Name	Institution	Department	Date of Request

Please have references sent to:

Dean, Graduate School of Nursing
 Uniformed Services University of the Health Sciences
 4301 Jones Bridge Road
 Bethesda, MD 20814-4799

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance:

1. The collection of information about applicants is authorized by Title 5 USC 301; Public Law 92-426; and Executive Order 9397.
2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicant's records.
3. Routine uses of this information will include, in addition to admission decisions, related research and statistical endeavors designed to improve the admissions process.
4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete certain sections of this form may delay processing and/or increase the probability of accidental mishandling of applications.

I have read and understand the instructions (including Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature: _____

Date: _____

Uniformed Services University of the Health Sciences
Graduate School of Nursing

PERSONAL STATEMENT FOR ADMISSION INTO A MASTER'S PROGRAM

NAME: _____
 Last **First** **Middle Initial**

SOCIAL SECURITY NUMBER _____

DIRECTIONS: Write a short essay addressing your interests in and motivation for becoming an advanced practice nurse. Expand upon the experiences, past and present, which have influenced your decision to pursue a master's degree in nursing.

Please type double spaced, use 10-12 font size, and do not exceed this page.